

Zoe Christian Fellowship

Check Request Form

Today's Date: _____	Date Check Needed: _____
Check Amount: <input checked="" type="checkbox"/> Exact Amount \$ _____ <input type="checkbox"/> Approximately \$ _____	Account #: _____
Payable To: _____ _____	Department/Ministry: _____
Delivery Instructions <input checked="" type="checkbox"/> Return Check To: _____ <input type="checkbox"/> Mail Check To: _____ _____ _____	Requested By - Name: _____ Requested By - Phone #: _____ Department Head Approval and Date: _____ Accounting Review and Date: _____ COO Approval (If Required) and Date: _____
Purpose (Please Be Specific) <input checked="" type="checkbox"/> Payment For: _____ _____ _____ _____	Note: Check requests need to be in the accounting department no later than 9:00 a.m. on Wednesdays. Checks will be available on Thursday afternoon.
<input type="checkbox"/> Advance For: _____ _____ _____ _____	
	Office Use Only: Check #: _____ Pay Date: _____

Notes:
